PART B-ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 sholud be completed where appropriate. All futher correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment

of issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden/Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washing 4n, D.C. 20231. Street Address DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231  $t_{L'L}$ City, State and Zip Code 1. CORRESPONDENCE ADDRESS **26M1/0107** CO-INVENTOR'S NAME ANTHONY J SARLI JR 71480 U.S. PTO Street Address MOTOROLA INC 1303 E ALGONQUIN ROAD City, State and Zip Code SCHAUMBURG IL 60196 02/03/97 ☐ Check if additional changes are enclosed APPLICATION NO. FILING DATE TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT** DATE MAILED 08/495,276 SAFOUREK, B 06/27/95 012 2603 01/07/97 First Named REARDON, KARL A. Applicant TITLE OF METHODS OF ADAPTIVE CHANNEL ACCESS ATTEMPTS INVENTION ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE **SMALL ENTITY** FEE DUE **DATE DUE** 2 PD05459AV 370-085.600 124 04/07/97 UTILITY NO \$1290.00 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front 1 Charles W. Bethards page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm Kevin A. Buford having as a member a registered attorney or agent. If no name is listed, no name will be printed. 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: 6a. The following fees are enclosed: Motorola, Inc. ☐ Issue Fee Advance Order - # of Copies (2) ADDRESS: (CITY & STATE OR COUNTRY) 6b. The following fees should be charged to: Schaumburg, Illinois 13-4772 **DEPOSIT ACCOUNT NUMBER** (ENCLOSE A COPY OF THIS FORM) Advance Order - # of Copies Issue Fee A. 
This application is NOT assigned. Any Deficiencies in Enclosed Fees KAssignment previously submitted to the Patent and Trademark Office. THE COMMISSIONER OF PATENTS AND TRADEMARKS IS Assignment is being submitted under separate cover. Assignment should be requested to apply the Issue Fee to the application identified above directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. (Authorized Signature Inclusion of assignee data is only appropriate when an assignment has been perviously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling Fee will not be accepted from anyone other than the an assignment. applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the ecords of the Patent and Trademark Office. **Certificate of Mailing** Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in 820 AJ 13-4772 03/10/97 08-55-76 **Box ISSUE FEE** an envelope addressed to: 1,290.000% **Assistant Commissioner for Patents** 00070 142 Washington, D.C. 20231 00073 561 January 28, 1997 (Date) Tammy Turner (Name of person making deposit) June (Signature) (Date)

1. TRANSMIT THIS FORM WITH FEE